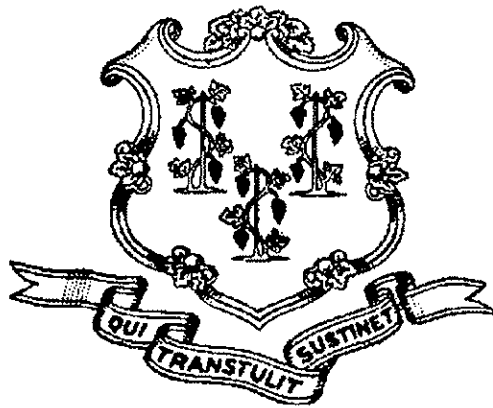


**State of Connecticut
Dry Cleaning Establishment Remediation Fund**



Project Financing Plan and Budget

**Administered by
The Department of Economic and Community Development
Catherine H. Smith, Commissioner
Lilia Kieltyka, Program Manager**

Revised April 27, 2011

Instruction Sheet

Project Financing Plan and Budget

1. Please type this entire form. Handwritten budget forms will not be accepted. This budget form must have original signatures. Copies or facsimiles will not be accepted.
2. Start by completing the applicant's (drycleaner owner/operator or property owner) and representative's information on page 1 of 5.
3. Fill out the project budget detail sheets (pages 3 and 4) with a brief written description of the work completed to date, proposed work, and related actual and estimated expenditures.
4. Using information from pages 3 and 4, complete page 2 and fill in the actual and estimated expenditures for each of the Project Expenditure categories.
5. Please note that costs associated with preparation and filing of Transfer Act forms and associated ECAFs (filed with the DEP for property or business transfers), legal fees, and any other expenses not specifically related to releases from the dry cleaning operation are not eligible for reimbursement and should not be included in this cost estimate.
6. Once the total project cost is determined, complete page 5 to identify the funding sources for the project.
7. A project schedule that defines a timeline for all major project activities and expenses must be submitted. This should include anticipated annual cash flow needs for the total project coordinated with the proposed project budget items.

Notes for Page 1:

- Line 1(B). Total Project Expenditures.** Enter the amount from page 4, line 10, "Total Project Expenditures." Included cost estimates should be from the project start through the completion of the project (LEP verification or DEP confirmation that the site has been investigated and remediated in accordance with the DEP Remediation Standard Regulations). Expenses that are incurred prior to making application to DECD will be subject to prevailing reimbursement policies at the time of such request.
- Line 2(B). Required Contribution.** Enter \$10,000. This is the amount (deductible) for which the applicant is responsible. Include invoices and associated cancelled checks with the application to document that at least \$10,000 has been spent on the project at the time of application.
- Line 3(b). Applicant's Share.** The Applicant must show how the balance of the total project expenditures (Line 1) will be paid, if the project is estimated to exceed the approved program funding. If funds other than this program funds have been or will be used in this project, please identify the source of the funds, amount, and the controlling party. This would include participation from other state agencies, lending institutions, landlord, current operator/former operator of the Establishment, including escrow accounts. This share may change based on the state funds available in the program account.
- Line 4(b). State Grant.** This is your potential grant from this program. The maximum that can be requested per project site is up to \$300,000. This grant amount may change based on the actual funding available in the program. First year applicants may have up to \$ 100,000 approved.

For any questions on this form, please contact Lilia Kieltyka, Program Manager, at (860) 270-8193 or Michelle Lugo, Program Assistant, at (860) 270-8052.

**STATE OF CT DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
DRY CLEANING ESTABLISHMENT REMEDIATION FUND**

**PROJECT FINANCING PLAN AND BUDGET
SUMMARY**

(Note: This budget form must be typed)

Applicant's Name: _____

Establishment Name (Business): _____

Applicant's Representative's Name: _____

Establishment Address: _____ **Zip:** _____

Budget Period Requested By Applicant - Start: _____ **End:** _____

(For DECD Use Only)

☐ Initial Submission ☐ Revision # _____

Budget Period Approved by DECD:

Start Date: _____ **End Date:** _____

(A) Projections and Sources of Funds

1. Total Project Expenditures

2. Required Contribution (\$10,000)

3. Applicants Share (Identify)*

4. State Grant

<i>Applicant Request</i>	<i>DECD Use Only</i>
(B) Total Requested	(C) DECD Approved
\$ _____	\$ _____
\$ <u>10,000.00</u>	\$ <u>10,000.00</u>
\$ _____	\$ _____
\$ _____	\$ _____

*Indicate funding sources in addition to State Grant necessary to complete remediation project (applicant, landlord, or other source(s)). Also, identify responsible party to complete the remediation project.

Approval of the Project Financing Plan and Budget for State Assistance in the amount shown in the above summary and for the time period indicated is hereby requested. It is understood that the project will be operated in accordance with the Project Financing Plan and Budget approved by DECD.

Applicant's Name (Type): _____

Applicant's Signature: _____ **Date:** _____

Representative's Signature: _____ **Date:** _____

The Project Financing Plan and Budget is hereby approved in the amounts and for the time period indicated.

Catherine H. Smith, Commissioner, DECD

Date

**STATE OF CT DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
DRY CLEANING ESTABLISHMENT REMEDIATION FUND**

ANNUAL EXPENDITURES BY CATEGORY

Establishment Name (Business): _____

Establishment Address: _____ Zip: _____

PROJECT EXPENDITURES	ESTIMATED TOTAL*	ELIGIBLE TOTAL less deduction**
1. Professional Environmental Services	\$ _____	\$ _____
2. Soil Remediation	\$ _____	\$ _____
3. Groundwater Remediation	\$ _____	\$ _____
4. Long Term Monitoring	\$ _____	\$ _____
5. Sampling - Soil/Water/Soil Vapor	\$ _____	\$ _____
6. Water Line Installation	\$ _____	\$ _____
7. Supplying Potable Drinking Water	\$ _____	\$ _____
8. Preventive Measures	\$ _____	\$ _____
9. Other	\$ _____	\$ _____
	\$ _____	\$ _____
10. Total Project Expenditures	\$ _____	\$ _____

*Provide documentation of expenses from July 1, 1994 to application date. Expenses incurred prior to making application to DECD will be subject to prevailing reimbursement policies at the time of such request.

**Deduct the initial \$10,000 from the appropriate expenditure categories.

**STATE OF CT DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
DRY CLEANING ESTABLISHMENT REMEDIATION FUND**

**PROJECT BUDGET
DETAIL SHEET**

Establishment Name (Business): _____

Establishment Address: _____ **Zip:** _____

ON THE LINES BELOW, PROVIDE A DESCRIPTION FOR EACH PROPOSED ACTIVITY.

PROJECT EXPENDITURES – ATTACH DETAILED ESTIMATES AS NEEDED

1. Professional Environmental Services (Contract to be provided to DECD)

Description : _____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

2. Soil Remediation – Include Soil Removal/Treatment Information

Description/Quantification : _____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

3. Groundwater Remediation – Include Proposed Methods and Costs.

Description : _____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

4. Long Term Monitoring

Duration / Cost _____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

**STATE OF CT DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
DRY CLEANING ESTABLISHMENT REMEDIATION FUND**

5. Sampling - Soil/Water

<u>Description:</u>	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

6. Water Line Installation

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

7. Supplying Potable Drinking Water

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

8. Preventive Measures

<u>Description:</u>	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

9. Other

_____	\$	_____
_____	\$	_____
_____	\$	_____
Total	\$	_____

10. TOTAL PROJECT EXPENDITURES – COST ESTIMATES REQUIRED

\$	<div style="border: 2px solid black; width: 150px; height: 20px;"></div>
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**STATE OF CT DEPARTMENT OF ECONOMIC & COMMUNITY
DEVELOPMENT
DRY CLEANING ESTABLISHMENT REMEDIATION FUND**

FUNDING SUMMARY

Establishment Name: _____

Establishment Address: _____

FUNDING SOURCES	AMOUNT
REQUIRED CONTRIBUTION*	<u>\$10,000.00</u>
APPLICANT'S SHARE**	_____
STATE GRANT***	_____
TOTAL PROJECT EXPENDITURES	_____

* Responsibility of the business owner/operator or property owner, as applicable.

** Provide an amount if the estimated project budget is anticipated to exceed \$310,000.

*** Up to \$300,000. All grants and reimbursements are subject to availability of program funds.